NEW HAMPSHIRE
MULTIPLE-EMPLOYER WELFARE ARRANGEMENT BOND

BOND NO. _____________

KNOW ALL MEN BY THESE PRESENTS:
That we, ______________________________________________________________, as Principal, and ______________________________________________________________, as Surety, are held and firmly bound unto, _____________________________________ Commissioner of Insurance for the State of New Hampshire and his successors in office, for the use and benefit of the State of New Hampshire and the citizens thereof, in the sum of ________________________________ dollars, lawful money of the United States, for the payment of which well and truly to be made, we hereby bind ourselves, our successors and assigns, jointly, severally and firmly by these presents.

WHEREAS the said Principal has applied to the Commissioner of Insurance of the State of New Hampshire to be approved as a Multiple-Employer Welfare Arrangement in the State of New Hampshire as prescribed in New Hampshire Revised Statutes Annotated RSA 415-E and is required by RSA 415-E:7 II of the New Hampshire Insurance Department to give bond unto the Commissioner of Insurance for the State of New Hampshire to guarantee the payment of all claims or other legal obligations which the Principal fails to pay, up to the amount of this bond, which arise from the operations of the Principal in the State of New Hampshire.

NOW, THEREFORE, this bond will continue in full force and effect until terminated in the following manner. This bond may be cancelled by the Insurance Commissioner for the State of New Hampshire by written notice from the Insurance Commissioner to the Surety hereon, which notice shall specify the date of termination of the bond.

Cancellation by the Surety Company will not be effective until 60 days following receipt of written notice to the Insurance Commissioner and Principal.
IN WITNESS WHEREOF, the parties herein have caused this bond to be executed this__________
day of _____________________, 20_____.

________________________________________
Principal

________________________________________
Witness

________________________________________
Witness

________________________________________
By _________________________________________